APPLICATION FOR DOSIMETER - CODE 1240				
NAME (Last, First, MI)		TYPE OF EMPLOYMENT:		
SOCIAL SECURITY NO.  DATE OF BIRTH (MO/DA/YR)  LOCATION (Bldg/Room)  SIGNATURE (Applicant)  TENTATIVE DEPARTURE DATE	PHONE NUMBER  DATE	NRL IN' NRL PA VISITIN	IPLOYEE  TERMITTENT  RT-TIME  G SCIENTIST  GOVERNMENT	NRL RE-HIRED ANNUITANT POST-DOC CONTRACTOR OTHER NAVY
HAVE YOU EVER HAD A RADIATION MONITORING DEVICE?  YES (Fill out below) NO		NON NRL EMPLOYEES		
COMPANY NAME		COMPANY NAME		
STREET ADDRESS		STREET ADDRESS	5	
STATE/ZIP CODE DATE	DATES OF EMPLOYMENT			ESTIMATED DEPARTURE DATE
(FOR CODE 1240'S USE ONLY)				
DESCRIPTION OF OPERATION				
DOSIMETER BOARD LOCATION (Bldg/Floor) TLD NUN		R	EMPLOYER CODE	
SIGNATURE (Health Physicist)			DATE	
COMMENTS:	PRIVACY ACT STA	TEMENT		

- 1. AUTHORITY: 10 CFR part 20.2106, Records of surveys, radiation monitoring, and disposal.
- 2. PRINCIPAL PURPOSE: To access and record radiation exposure to the individual.
- 3. ROUTINE USE: Since radiation exposure is cumulative, any amount of exposure is recorded and maintained by Social Security Number with the Nuclear Regulatory Commission.
- 4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary.
- 5. CONSEQUENCES OF NON-DISCLOSURE: Failure to give this information could result in an incomplete radiation exposure record which in turn could lead to overexposure.